



**REGISTRATION OF RESIDENTIAL ALARM SYSTEM  
CONFIDENTIAL INFORMATION**

Last Name(s) \_\_\_\_\_  
First Name \_\_\_\_\_ First Name \_\_\_\_\_  
Address \_\_\_\_\_ RFD \_\_\_\_\_ Street Name \_\_\_\_\_  
Subdivision \_\_\_\_\_ Lot No. \_\_\_\_\_ Year Moved In \_\_\_\_\_  
Home Telephone \_\_\_\_\_  
Business Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_  
Cell Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_  
Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Conservancy District on Property? Yes/No

**THREE REQUIRED CONTACTS:**

**PERSONS TO CONTACT AFTER ARRIVAL OF EMERGENCY RESPONSE & NO ONE ON PREMISES**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Alarm Monitoring Firm \_\_\_\_\_ Phone \_\_\_\_\_  
Alarm Monitoring Firm State of Illinois License Number \_\_\_\_\_

I hereby register my emergency alarm system and agree that I will abide by all applicable provisions of the Alarm Ordinance of Long Grove, IL. (Alarm Ordinance enclosed/Retain for your file)

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

Applicant is hereby granted a permit for an alarm system.  
**VILLAGE OF LONG GROVE**

\_\_\_\_\_  
Village Representative Date

cc: Lake County Sheriff  
Long Grove Fire Protection District  
Countryside Fire District

**COMPLETE FORM AND MAIL, FAX, OR EMAIL TO:**

VILLAGE OF LONG GROVE  
3110 OLD MCHENRY Road, LONG GROVE, IL 60047-9635  
FAX No: 847-634-9408  
Sherry Shlagman – [sshlagman@longgroveil.gov](mailto:sshlagman@longgroveil.gov)

Village Office: 847-634-9440